

Authorization Fax Request Form

This form should be utilized for the following situations:

- Out-of-state provider

This form should not be used for the following situations:

- Any code where authorization is administered by a vendor for high end radiology, cardiology, behavioral health and pharmacy benefit management (PBM) drugs.

Mandatory data elements:

Member information:

- Name: _____
- Date of birth: _____
- BCBSRI member identification number: _____

Type of Request

Procedure Request

Code information:

- CPT/HCPCS: _____
 - If code is unlisted, please provide the following:
 - Closest code match
 - Rationale why unlisted code is being utilized: _____

-
- Diagnosis codes: _____

Provider information:

- Name: _____
- NPI: _____
- Address: _____
- Phone: _____
- Fax: _____

Inpatient Request (If applicable)

Code information:

- CPT/HCPCS: _____
 - If code is unlisted, please provide the following:

- Closest code match
- Rationale why unlisted code is being utilized: _____

- Diagnosis codes: _____

- Date of Inpatient Surgery

Provider information:

- Name: _____

- NPI: _____

- Address: _____

- Phone: _____

- Fax: _____

Facility information:

- Name: _____

- NPI: _____

- Address: _____

- Phone: _____

- Fax: _____

Clinical Notes: Clinical documentation must support the medical necessity for the procedure requested. Please attach with this request and indicate any treatments already performed for this diagnosis. Clinical notes are mandatory for review for all requests.

General Statement: Providers should verify if the code requested requires prior authorization via BCBSRI.com or by calling the Provider Service Center at 401-274-4848 or 1-800-230-9050.

Fax the completed form along with clinical information to
Utilization Management at 401-272-8885

Case number provided by the Provider Call Center for approved exceptions: _____